



Incident Report

Print Date/Time: 09/16/2016 08:05
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00018175

Incident Date/Time: 9/14/2016 7:39:00 AM
Location: 20TH ST SE / 88TH DR SE
LAKE STEVENS WA 98258
Phone Number: (425) 422-1391
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SPRINGER, DAVID HOYLE	2409 112TH DR Lake Stevens WA 982585139		Unknown	Male	09/15/1956
2	Driver	HAQUE, NADIA R	10505 24TH ST SE Lake Stevens WA 982585663	(425) 397-3941		Female	10/05/1978

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	2008	Volvo	XC70		986XZU	WA
Involved Vehicle	Passenger Car	2013		VL15BLT		4C1853	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

09/14/2016 : 07:41:26 SP0368 Narrative: AGENCY ADVISED

09/14/2016 : 07:40:59 SP0298 Narrative: CC, MOTORCYCLE VS RED VOLVO NON INJ, NON BLKG

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E585028**CASE # **2016-00018175**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **09** - **14** - **2016** **0739** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**20TH ST SE**BLOCK NO. ☒**8800**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **88TH DR SE**

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME

SPRINGER

FIRST NAME

DAVIDMIDDLE
INITIAL**H**STREET
NEW ADDRESS**2409 112TH DR SE**

CITY

LAKE STEVENS

ST

WA

ZIP

982585139

CDL

RESTRICTIONS

B

ENDORSEMENTS

LDRIVER'S
LICENSE #**SPRINDH443ON**

STATE

WA

SEX

MD.O.B.
MMDDYYYY**09****15****1956**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**7**NATURE OF INJURIES
RIGHT HAND BRUISELICENSE
PLATE #**4C1853**

STATE

WA

VIN#

JS1VY56A3D2100576TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2013

MAKE

SUZU

MODEL

VL15BL

STYLE

RSVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

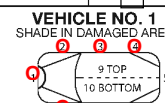
GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **ALLSTATE 964262756**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4253973941

LAST NAME

HAQUE

FIRST NAME

NADIAMIDDLE
INITIAL**R**STREET
NEW ADDRESS**10505 24TH ST SE**

CITY

LAKE STEVENS

ST

WA

ZIP

982585663

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**HAQUENR228PE**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**10****05****1978**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**986XZU**

STATE

WA

VIN#

YV4BZ982781020242TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2008

MAKE

VOLV

MODEL

XC70

STYLE

UTVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **PROGRESSIVE 70384682**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

G. SHEIN

BADGE OR ID #

0136

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E585028**CASE # **2016-00018175**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Unit 1 was traveling illegally westbound in the center turn lane, avoiding a long traffic backup. Unit 2 was turning out of 88th Dr S.E., onto 20th St S.E., to travel eastbound. Unit 1 was a motorcycle, which "T-boned" Unit 2. Driver of Unit 1 had a right hand injury, which was a sore finger. Driver of Unit 1 declined aid.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-15-16 08:38 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 0095

DATE

9/16/2016 2:00:54 AM

BADGE OR ID #

0136

ORI #

WA0311900

TIME POLICE DISPATCHED

7:39 AM

TIME POLICE ARRIVED

7:45 AM
PART B 3000-345-160 R (7/06)

PAGE

2

OF

3

REPORT NO. E585028

CASE # 2016-00018175

DATE AND TIME
OF COLLISION 09/14/16 07:39

